

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DND	DEP	DND	DEP	DND	DEP
1	1					
2		1				
3		1				
4		1				
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TOTAL IND.	3					
TOTAL DEP.	7					
TOTAL CLAIMS	10					

	DND	DEP	DND	DEP	DND	DEP
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